

Department of Public Health and Social Services
Division of Environmental Health
Food Establishment Inspection Report

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INSPECTION TYPE Regular	RSN	TYPE	GRADE 18	INSPECTION DATE 8/23/2020	ESTABLISHMENT NAME FAT BOY SLIM
Follow-up				TIME IN 12:20	TIME OUT 1:30
Complaint	✓		RATING B	SANITARY PERMIT NO. 201700556	PERMIT HOLDER HATSA GUAM, LLC
Investigation					LOCATION (Address) LOT 13 BLK 8 127 JOSIE PL W2 ST
Other					
ESTABLISHMENT TYPE MFSCE			AREA 3	TELEPHONE 480-4215	No. of Risk Factor/Intervention Violations 3
					RISK CATEGORY 3

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance (IN, OUT, N/O, N/A) for each numbered item. Mark "X" in appropriate box for COS and/or R.

IN = In compliance OUT = Not in compliance N/O = Not observed N/A = Not applicable COS = Corrected on-site during inspection R = Repeat violation PTS = Demerit points

Compliance Status	COS	R	PTS
Supervision			
1 IN OUT			6
Person in charge present, demonstrates knowledge, and performs duties			
Employee Health			
2 IN OUT			6
Management awareness; policy present			
3 IN OUT			6
Proper use of reporting, restriction & exclusion			
Good Hygienic Practices			
4 IN OUT N/A N/O			6
Proper eating, tasting, drinking, betelnut, or tobacco use			
5 IN OUT N/A N/O			6
No discharge from eyes, nose, and mouth			
Preventing Contamination by Hands			
6 IN OUT N/A N/O			6
Hands clean and properly washed			
7 IN OUT N/A N/O			6
No bare hand contact with ready-to-eat foods or approved alternate method properly followed			
8 IN OUT			6
Adequate handwashing facilities supplied & accessible			
Approved Source			
9 IN OUT			6
Food obtained from approved source			
10 IN OUT N/A N/O			6
Food received at proper temperature			
11 IN OUT			6
Food in good condition, safe, and unadulterated			
12 IN OUT N/A N/O			6
Required records available: shellstock tags, parasite destruction			
Protection from Contamination			
13 IN OUT N/A			6
Food separated and protected			
14 IN OUT N/A			6
Food contact surfaces: cleaned & sanitized			
15 IN OUT			6
Proper disposition of returned, previously served, reconditioned, and unsafe food			

Compliance Status	COS	R	PTS
Potentially Hazardous Food (TCS Food)			
16 IN OUT N/A N/O			6
Proper cooking time and temperatures			
17 IN OUT N/A N/O			6
Proper reheating procedures for hot holding			
18 IN OUT N/A N/O			6
Proper cooling time and temperatures			
19 IN OUT N/A N/O			6
Proper hot holding temperatures			
20 IN OUT N/A			6
Proper cold holding temperatures			
21 IN OUT N/A N/O			6
Proper date marking and disposition			
Consumer Advisory			
22 IN OUT N/A			6
Consumer Advisory provided for raw or undercooked foods			
Highly Susceptible Populations			
23 IN OUT N/A			6
Pasteurized foods used; prohibited foods not offered			
Chemical			
24 IN OUT N/A			6
Food additives: approved and properly used			
25 IN OUT			6
Toxic substances properly identified, stored, used			
Conformance with Approved Procedures			
26 IN OUT N/A			6
Compliance with variance, specialized process, and HACCP plan			

Risk factors are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public Health interventions are control measures to prevent foodborne illness or injury.

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the introduction of pathogens, chemicals, and physical objects into foods.

Mark "X" in box if numbered item is not in compliance and/or if COS and/or R. COS = Corrected on-site during inspection R = Repeat violation PTS = Demerit points

Compliance Status	COS	R	PTS
Safe Food and Water			
27			1
Pasteurized eggs used where required			
28			2
Water and ice from approved source			
29			1
Variance obtained for specialized processing methods			
Food Temperature Control			
30			1
Proper cooling methods used; adequate equipment for temperature control			
31			1
Plant food properly cooked for hot holding			
32			1
Approved thawing methods used			
33			1
Thermometer provided and accurate			
Food Identification			
34			1
Food properly labeled; original container			
Prevention of Food Contamination			
35			2
Insects, rodents, and animals not present			
36			1
Contamination prevented during food preparation, storage & display			
37			1
Personal cleanliness			
38			1
Wiping cloths: properly used and stored			
39			1
Washing fruits and vegetables			

Compliance Status	COS	R	PTS
Proper Use of Utensils			
40			1
In-use utensils: properly stored			
41			1
Utensils, equipment and linens: properly stored, dried, handled			
42			1
Single-use/single-service articles: properly stored, used			
43			1
Gloves used properly			
Utensils, Equipment and Vending			
44			1
Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used			
45			1
Warewashing facilities: installed, maintained, used; test strips			
46			1
Nonfood-contact surfaces clean			
Physical Facilities			
47			2
Hot & cold water available, adequate pressure			
48			2
Plumbing installed; proper backflow devices			
49			2
Sewage and wastewater properly disposed			
50			2
Toilet facilities: properly constructed, supplied, & cleaned			
51			2
Garbage/refuse properly disposed; facilities maintained			
52			1
Physical facilities installed, maintained, and clean			
53			1
Adequate ventilation and lighting; designated areas use			
Documents and Placards			
54			2
Sanitary Permit, Health Certificates valid and posted			

I have read and understand the above violation(s), and I am aware of the corrective measures that shall be taken.

Person in Charge (Print and Sign)

DEH Inspector (Print and Sign)

Date:

Follow-up (Circle one):

YES NO

Follow-up Date



GOVERNMENT OF GUAM

DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES
DIPATTAMENTON SALUT PUPBLEKO YAN SETBISION SUSIAT



LOURDES A. LEON GUERRERO
GOVERNOR, MAGA'HAHA

JOSHUA F. TENORIO
LT. GOVERNOR, SIGUNDO MAGA'YHI

LINDA UNPINGCO DENORCEY, MPH
DIRECTOR

LAURENT SF DUENAS, MPH, BSN, RN
DEPUTY DIRECTOR

JOSEPHINE T. O'MALLAN
DEPUTY DIRECTOR

COMPLIANCE CHECKLIST FOR EATING AND DRINKING ESTABLISHMENTS
BASED ON EXECUTIVE ORDER 2020-20, 2020-16, 2020-14,
DPHSS GUIDANCE MEMO 2020-07 and 2020-12

Name of Establishment: Fat Bay Slim Company Name: Hatsa Guam, LLC

Location: Harmon Cost-U-Less

Item No.	Criteria	Comments	In Compliance with Executive Order and Industry Guidance	
	General Requirements			
1	Has a written policy and procedures for COVID-19 prevention and control measures prior to re-opening, which address the following:		Yes	<input checked="" type="radio"/> No
	a. Employee health, to include having a plan in place if someone is or becomes sick		Yes	<input checked="" type="radio"/> No
	b. Cleaning/sanitizing procedures		Yes	<input checked="" type="radio"/> No
	c. Social distancing and other protective measures		Yes	<input checked="" type="radio"/> No
2	Operates at no more than the authorized occupancy rate	N/A	Yes	No
3	Prohibits the use of high touch items such as food trays	N/A	Yes	No
4	Prohibits the operation of salad bars, buffets, and/or self-service operations	N/A	Yes	No
5	Follows the requirement of the Guam Food Code that also applies to COVID-19 mitigation:		<input checked="" type="radio"/> Yes	No
	a. Prohibiting sick employees in the workplace		<input checked="" type="radio"/> Yes	No
	b. Strict handwashing practices, to include when and how		Yes	<input checked="" type="radio"/> No
	c. Strong procedures and practices to clean and sanitize surfaces		Yes	<input checked="" type="radio"/> No
	d. PIC is on site and is a certified food manager		<input checked="" type="radio"/> Yes	No
	Employee Health			
6	Screens employees and patrons before entering the facility		<input checked="" type="radio"/> Yes	No
7	Possesses adequate supplies to support healthy hygienic behaviors		<input checked="" type="radio"/> Yes	No
8	Posted signage for employees and patrons on good hygiene and sanitation practices		<input checked="" type="radio"/> Yes	No
	Cleaning and Disinfection			
9	Has a cleaning and disinfection procedures and schedule in place for common areas, highly touch surfaces, and the entire establishment		<input checked="" type="radio"/> Yes	No
10	Possesses adequate cleaning and disinfection products and PPE to perform enhanced cleaning/disinfection		<input checked="" type="radio"/> Yes	No
11	Follows CDC's cleaning and disinfecting guidelines		<input checked="" type="radio"/> Yes	No
	Ventilation			

12	Maximizes fresh air through use of existing ventilation system	N/A	Yes	No
13	Minimizes air from fans blowing from one person directly at another individual	N/A	Yes	No
Social Distancing and Other Protective Measures				
14	Implements social distancing of at least 6 feet and posting of appropriate signage		<input checked="" type="radio"/> Yes	No
15	Posted signage at entrance stating that no one with COVID-19 symptoms is permitted inside	N/A	Yes	No
16	Appropriate physical barriers are in place for cafeteria style dining and booth seating	N/A	Yes	No
17	For congregations or social gatherings:			
	a. Total number of people, including employees, do not exceed the capacity permitted in the most recent E.O. (including ballroom and private rooms)	N/A	Yes	No
	b. Total number of people in each party do not exceed the number allowed for congregations or social gatherings in most recent E.O.	N/A	Yes	No
18	Mandating the wearing of face mask	C.O.S	Yes	<input checked="" type="radio"/> No

RECEIVED BY (Name and Title) <i>Ray Chagnon</i>	DATE 8-23-20
DEH INSPECTOR (Name and Title) <i>J. Cruz</i> <i>N. Tirador, ET II</i>	DATE 8/23/20